

Alive and kicking

by ROBERT DE ANDREIS

Last week I had my second treatment of chemotherapy for pulmonary KS which I described in lurid detail last week. I must tell you, in a way that surpassed my flimsiest of hopes, the chemo kicked in and I haven't coughed since!

I can't begin to tell you how amazed I am by the quickness with which this has worked. Sure, when I got home from treatment Monday night my legs felt paralyzed and the tightness in my chest was so strong I felt something was seriously wrong. But after that passed, and I survived a second Tuesday of being totally crapped out on my couch, I felt great. Believe me, I can live with a full day of recovery and learn to plan around it if it means a total relief of my coughing symptoms.

Yes, that's right, a total relief. Finally I'm comfortable through the night and have not kept my neighbors up with my insidious hacking. I couldn't believe that only two weeks of chemotherapy would have done it, but it happened to me. Of course, this doesn't mean any of it is going away; the lesions have merely shrunk enough to alleviate the symptoms, which is better than nothing.

I'm so glad I didn't let my DNCB groupie friend in L.A. talk me out of chemotherapy or I'd still be coughing and dealing with skin burns on top of that. I sold DNCB six years ago at an alternative buyers' club

It's nothing new, but I figured if it really worked, we would be hearing great things about it by now. Oh, I forgot, the fact that DNCB is inexpensive to produce and no drug company can profit from it means it works, right? I appreciate your fine intentions, all you radical things out there, but any crisis, any time, will always produce a loud fringe of some kind. I just think you're messing with other people's lives when you mix street politics and an amateur understanding of pharmacology.

The liquid morphine I took orally all last week helped enormously. In the realm of terminal disease, morphine is a miracle drug, not to be confused with recreational drugs. Never be afraid to ask for what you need to help alleviate your pain, and find another doctor even at a late stage if there is the slightest hesitancy on your provider's part. You are in control, these are your pain management decisions, you hired that doctor, so make sure he or she does what you want. After a week of being on morphine, the pain subsided, I've had no desire to use it again, although I have a nearly full

bottle left. I will take care of pain when I have it, but otherwise I don't like to feel sluggish.

Sometimes well-meaning caregivers hold off on morphine because they don't want their charge to become addicted. This is selfish, retarded logic. They actually don't want to let the patient go, and they think that he or she is going to be out of it. The caregiver has a pain agenda which ends up to be total bullshit and many sick people have spent their final days and weeks in an unnecessary state of discomfort. If you can't honestly talk to your physician or nurse practitioner about pain management, you have a very wimpy relationship with your care provider. There should be no stigma or awkwardness when asking for these drugs. I told my doctor, after he first suggested it, that it seems like a tool I should really use now.

I'm not a druggie: I have nearly full bottles of codeine, Vicodin, Percocet and morphine. When they have gotten me thought the worst of it, I push them to the back of my huge medicine shelf and they are there for the next time I need them. This disease is hell enough on its own. Get your pain issues together and make it as easy on yourself as possible.

On a lighter note, people ask me when my work is ever going to be published. The answer is clearly that it will never reach another market, despite my constant

bitching about it. What a rinky-dink little town San Francisco is; no one has ever approached me along these lines. I've shrugged my shoulders many times and have finally given up. It's a full-time job trying to die

sues — they don't even know how to pronounce my last name! This is not just Robert bitching at the moon, these are the normal concerns of dying artists: what will happen to my work when I'm gone?

I occasionally feel a strange lack of respect from my own community toward my work. It wasn't just that first year when the *Sentinel* averaged about ten typos in my work per article, or the cruel letters to the editor it printed ripping my work to shreds. It's not that the *Sentinel* continues to pay me only thirty-five bucks a week, it's just that the work never reached any expanded market or syndication that I'd hoped for, and now most cruelly, I will

these days, let alone trying to get some fledgling writing career off the ground.

I have no delusions about my work. I know it would take a few years to attract the attention of scores of new gay publishing houses across the country, but the fact that I'll be dead soon hasn't given any enterprising gay publisher a clue. I know what you're thinking. You're thinking that a year or so after I die there's going to be some slick compilation of all my work. That is totally magic thinking on your part. I'm telling you now, there won't be. I have no significant other to guide my work through the publication process. My parents have little skills with real world is-

go on to my grave never knowing if even the basic mechanisms are in place to see that it remains available for future readers. Is that too goddamn much to ask for? I'm not connected to anything. I'm just a person with AIDS writing out in left field.

To give you an example of what I mean, I just received my FIRST letter this week from someone from an AIDS organization. After hundreds and hundreds of letters from appreciative readers, finally someone from the AIDS community officially thanked me for my work. Gee whiz.

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